

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123704

FILED
Apr 03, 2008
Secretary of State

Entity Name: SAMMATSAR INVESTMENTS, LLC

Current Principal Place of Business:

17530 SW 68TH COURT
C/O ROBERT SALAMON
SOUTHWEST RANCHES, FL 33331

New Principal Place of Business:

Current Mailing Address:

17530 SW 68TH COURT
C/O ROBERT SALAMON
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

FEI Number: 20-4010175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIZEL, ROBERT
1021 IVES DAIRY ROAD, SUITE 220
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

BRIZEL, ROBERT
1021 IVES DAIRY ROAD
113
MIAMI, FL 33179 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: SALAMON, ROBERT
Address: 17530 SW 68TH COURT
City-St-Zip: SW RANCHES, FL 33331

Title: MM () Delete
Name: SALAMON, AARON
Address: 2751 S. OCEAN DRIVE #602
City-St-Zip: HOLLYWOOD, FL 33019

Title: M () Delete
Name: SALAMON, DIANE
Address: 17530 SW 68TH COURT
City-St-Zip: SW RANCHES, FL 33331

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT SALAMON

MM

04/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date